

**DEPARTMENT OF PUBLIC UTILITIES  
TRANSPORTATION OVERSIGHT DIVISION  
DECAL APPLICATION**

Decal Cost:  
\$40.00 PER VEHICLE

One South Station  
2 West  
Boston, MA 02110  
(617) 305-3559

Business Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate No. \_\_\_\_\_

Computer #: \_\_\_\_\_

App. Issue: \_\_\_\_\_

[ ] ADDRESS OK

[ ] RATES OK

[ ] INS. OK

FOR DPU USE ONLY

REG#	TITLE #	YEAR	MAKE	TYPE	VEHICLE IDENTIFICATION NUMBER

I, the undersigned, being duly authorized, hereby apply for a current year I.D. device(s) and state that the statements herein are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_  
(Corporate officer/partner/owner)

This is to certify that \_\_\_\_\_ has been issued a policy of insurance by the undersigned company covering his liability as required by Certificate No. \_\_\_\_\_ granted to him by the Department under Chapter 159B of the General Laws as a Common Carrier of Property for hire.

A minimum amount of insurance of \$\_\_\_\_\_ per vehicle is required to insure the cargo while in transit.

Insurance Company

Ins. Code No.

Authorized Agent/Address

Telephone No.

Street Address

Policy

City/State/Zip

Effective Date